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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... St.:....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH MARRIED, OLL WIDOWED, (Month) ORDIVORCED (Write the word I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR ? ----- mos...... ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. Where was disease contracted. If not at place of death? Former or osual residence. 15

lif death occurred in

a hospital or institution. give its NAME instead of street and number.]

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

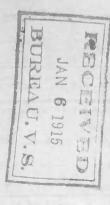


[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second it should be used only when needed. For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be eutered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease eausing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaeeause. Always qualify all diseases resulting from theuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing affection uced not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (uame origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a defiuitc disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciture of the American Medical Association. eause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," death), 29 ds.; For vio-



should is OCCUPATION PHYSICIANS classified properi supplied. UNFADING WRITE 50 OF Every it

County... PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO. WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which amployed (or amployer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER 50 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME ATH in plain OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country KNOWLEDGE mportant. 15

(Year)

If LESS than

1 day hrs.

OR ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.St.;Ward)	[If death occurred I a hospital or institution give Its NAME Instea
	of etreat and number ?

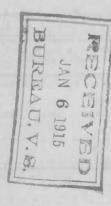
MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Day (Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows: Contributory. Secondary (Duration) (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAYSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place of death _____ yrs. ____ mos. ____ ds. State yrs. _ Where was disease contracted. If not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrrant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman." -Coal (7)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Cannant neoplasms); Measles; Whooping cough; Chronic mia," "Puerveral peritonitis," etc. State cause for etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustiou," "PUERPERAL septichac-



S. S.

RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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STATE OF N	IAK	LAI	עוי
CERTIFICATE	OF	DE	ATH
Pediciration	Diet	Na	14

County Allegany L NAME WM/ LEO, Bates

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE Single, MARRIED, WIGOMEO, ORDIVORCEO (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw home alive on Sec 30, 1914
7 AGE if LESS than t day,	and that death occurred on the date stated above, at 10 pm, The CAUSE OF DEATH* was as follows: remature buch
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Frank Bates 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN OF MOTHER OF OF MOTHER OF THE OF MOTHER OF THE OF TH	Contributory Congestion of lungs Secondary (Buration) yrs mos 2 ds. (Signat) M. D. M. D. Alex 31, 191 (Address) Causing Death, or, in deaths from Violent
12 MAIDEN NAME Mary Clarg Etf 13 BIRTHPLACE OF MOTHER (State or country) Md	CAUSES, State (1) MEANS OF INJURY; End (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Trank Sales	Where was disease contracted, If not at place of death? Former or Usual residence
(Address) 3 tay 5. Filed // ,1910 // REGISTRAR If more planks and product address State Posice	19 PLACE OF BURIAL OR REMOVAL JUNEAU CLASS 20 UNDERTAKER ADDRESS ADDRESS ACTUAL ACTUAL
and the state of t	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No Ilf death occurred la -Ward) a hospital or institution, give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIEO, WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at /1:404 m. 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) mos.... which amployed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State _____ yrs. ____ mos. __ Where was disease contracted. OF MY If not at place of death?. Former or usual residence OF BUREAL OR REMOVAL DATE OF BURIAL 15 20 ANDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. satisfactorile explained

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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PLACE OF DEATH

County

302

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in

	FULL NAME Manual Be	a nospital or institution, give its NAME Instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Married Widowed Vidauca	16 DATE OF DEATH (Month) (Day (Year)
6 DA	ATE OF BIRTH (Write the word) ATE OF BIRTH (Mynth) (Day (Year)	17 HEREBY CERTIFY, That I attended deceased from 1914, to 1915; that I last saw h. M. alive on 1915
7 AC		and that death occurred on the date stated above, at 18432m. The CAUSE OF DEATH* was as follows:
(a) par (b) busi	Orade, protessian, or Car Inspection General nature of industry, iness, or establishment in Chemployed (or employer)	(Ouration) 3 yrs. — mos. — ds.
9 8!	RTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Opration) yrs mos 9 ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
Δ.	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE TRUE TO THE BEST OF MY KNOWLEDGE	At place ot death yrs. mos. ds. State yrs, mos. ds Where wes disease contracted,
	(Interment) Ganul Beal &	If not at place of death? Former or usual residence Curube land Mach
15 File	DEC 19 1914 flac Vilton	Cerclast My Ste 20, 191 4
1	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, cte. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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PERMANENT classi UNFADING plain EATH o a item 10

of OCCUPATION IS PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE S SINGLE. MARRIED, Write the word (Month) (Day (Year) 7 AGE If LESS than t day,.....hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which amployed (or amployer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Instructions OF MOTHER 13 BIRTHPLACE At place OF MOTHER (State or country) ____ yrs. ___ mos. ___ ds. Where was disease contracted. If not at place of death? Former or important. usual residence. Every ite 15 0 REGISTRAR ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No Ilt death occurred in a hospital or institution. give Its NAME Instead of street and number. I

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, a The CAUSE OF DEATH* was as follows: (Duration) __mos..... Contributory Secondary *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the

19 PLACE OF BURJAL OR REMOVAL DATE OF BURIA 20 UNDERTAKER ADDRESS

State _____ yrs. ___ mos. _

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, ctc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminai conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	County Allegany 30	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	Village or City Cumberland (No. 17 1/6) 2FULL NAME Jones J	Ward) [If death occurred la a hospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCEO (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	TAGE DATE OF BIRTH OC 24, 1853 (Month) (Day (Year)	that I last saw have alive on Der. 20 ,1914
	If LESS than 1 day, hrs. or or particular kind of work	and that death occurred on the date stated above, at 1174 mm. The CAUSE OF DEATH* was as follows: Luky cular nungilis
	(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory & harrel Secondary (Duration) yrs 1 mos ds.
	10 NAME OF FATHER STATE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Little M. D. (Signed) Little M. D. (Signed) M.D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SHIPPING OF HAVING OF HAVING AND
1	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted.
	(Informant) Ward Brashing ton to	If not at place of death? Former or USUAL residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Filed DEC 23 19.181 Mex Restton REGISTRAR	POUNDERTAKER ADDRESS FOLIA ON OFFICE CAMENDAMENT PAR, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when necded. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the Insease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing (secondary or intercurrent) death), 29 ds.; For Vio-Of.



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

CAUSE OF Important. S

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Mana 4 D.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Manyland St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, Wishow ORDIVERCED ORDIVERCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from
March (Month) (Day (Year) 7 AGE 9 9 WKWW It LESS than 1 day, hrs. OR min.? 8 OCCUPATION (a) Trade, protession, or particular kind of work. House looks	that I last saw has alive on Sec 26 1914, that I last saw has alive on Sec 26 1914 and that death occurred on the date stated above, at 4 Pm The CAUSE OF DEATH* was as follows: Conjunct Culles fracture Right and
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Wolles	(Duration) yrs. mos. ds. Contributory Laure Secondary
10 NAME OF FATHER Benjaman Duvis 11 BIRTHPLACE OF FATHER (State or country) Wolos 12 MAIDEN NAME OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted, If not at place of death?
(Address) 514 Laterile Bedg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Civil engineer, Stalionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be judi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated upless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-aeeisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned by earbolic acid-probably suicide. The nature of the is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place (State or country State Yrs. mos. Where was disease contracted. KNOWLEDGE If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Ilf death occurred in

1919

(Year)

hospital or lostitution. give Its NAME Instead of street and number.]

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DATE OF BURIAL

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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OCCUPATION IS ō statement PERMANENT AGE UNFADING may 0 WITH terms. 0 ATH in plain Instructions WRITE 50 OF Important. CAUSE

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12 MAIDEN NAME

13 BIRTHPLACE

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	1 PLACE OF	DEATH 3	131/6/	// \ \ \
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	11/	M. h.	1	The same of the sa
Villa	ge or City	July 1	(No	,

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

St.;....Ward)

If death occurred in a hospital or institution, give its NAME instead

FULL NAME	1 four	Bowers	ot street and number.]
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
We de de de de	NGLE, ARRIED, DOWED, DIVORCED rite the word)	I HEREBY CERTIFY, That I	
TAGE Full Tim deep from	if LESS than and	I lisst saw h alive on that death occurred on the date stated CAUSE OF DEATH* was as follows:	191
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	ds. OR min. ?	Will war Mulitared The tight y the ford (Duration)	Mark
9 BIRTHPLACE (State or country) / // // // // // // // // // // // //	1-	Contributory Secondary	
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Franks (Sign	Minara C Mark	en pres Mil-

*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the ot death _____ ds. State yrs, ____ mos. ___ ds

Where was disease contracted,

If not at place of death?

OF BURIAL OR REMOVAL

DATE OF BURIAL

DOUNDERTAKER ADDRESS

REGISTRAR

usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each aud every person, irrespective of age. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Antomobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foremau," 6

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 13032 3	STATE OF MARYLAND CERTIFICATE OF DEATH
County alla Sang	
Village or City Comberland No Russa	Registration Dist, No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race Single, Married, Widows of Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	Thil 1 1914 to Alee 10 1917
(Month) (Day (Year)	that I last saw h see allys on Ale 9 1914
⁷ AGE If LESS than	and that death occurred on the date stated above, at 9 15 am.
4 3 yrs // mos 2 / ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Clyone dotes Cancas titis for
(a) Trade, profession, or particular kind of work	Heren (probably 8/recifice)
(b) General nature of industry, business, or establishment in	3
which employed (or employer)	(Duration) / yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary Could September 10
10 NAME OF FATHER John Manager	(Signed) 513 Clouphootheen M. D.
U) 11 BIRTHPLACE OF FATHER	Dec / 7,1914 (Address) Ceinbulant ned
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) At place
	of death yrs, mos. ds. State yrs, mos. de Where was disease contracted,
(Informant) To the Best of My Knowledge	if not at place of death? whereaut we will be said the sa
(Address) Currella Carut	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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Filed 24 12 1914 Max Matter	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	ray 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of For VIO-



V. S. No. 1.

state AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. N. B.

1 PLACE OF DEATH 13033	STATE OF MARYLAND CERTIFICATE OF DEATH
County May	11.1:
h o shiller	Registration Dist, No.
Village or City Lumbuland (No. 100)	St.; Ward) [If death occurred in a hospital or institution,
	give its MAME instead of street and nomber.]
FULL NAME	wellow sown
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WINDOWS, ORDONORGED	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I sttended deceased from
Die , 2 19.4	, 191, to, 191,
(Month) (Day (Year)	that I last saw halive on, 191
7 AGE It LESS than 1 day,	and that desth occurred on the date stated above, atm,
yrs mos, ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Ruftmed Estopie Faction.
(b) General nature of Industry, business, or establishment tn which employed (or employer)	(Duration) yrs mos. ds.
9 BIRTHPLACE (State or country)	ContributorySecondary
Maryline	(Duration) yrs mos ds.
10 NAME OF FATHER THE E B	(Signed) Signed 4 1
11 BIRTHPLACE	Dea 17 191 & (Address) auchness ml
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Store the Displace Carriery Drawn on to death for
W 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place of deathyrs,mos,ds. Stateyrs,mos,ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Johns I Jumbhel	Former or
() (2.7.0.0	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	All May Pate M DATE OF BURIAL
DEC 17 1914 Mark 1 178	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty		//
Vil	lage or City Ecklast (No. 1)	Registration Dis	[It death occurred to a hospital or Institution, give Its NAME Instead ot street and number.]
	2FULL NAME FOR WOULD TO THE PROPERTY OF THE PR		****
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) 17 / I HEREBY CERTIFY, That /	79, 1914 (Day (Year)
6 D	ATE OF BIRTH (Month) (Day (Year)	that I last saw h 444 alive on Oll	191 7,
7 A	32 yrs 0 mos 27 ds 1 day, hrs. or min.?	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, at Ham.
(a) pa (b) bus	OCCUPATION Trade, protession, or ricular kind of work General nature of industry, liness, or establishment in ich employed (or employer)	acute always (Duration)	VICEULA yrs
	RTHPLACE (State or country)	Contributory Chiamie al	estrasin
PARENTS	10 NAME OF Jon Brunner. 11 BIRTHPLACE OF FATHER (State or country) Manyland	(Signed) (Ouration) (Signed) (Signed) (Address) (Address) (CALL) (Address) (CALL) (CAL	in deaths from Violent
PAR	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	*State the DISEASE CAUSING DEATH, OR, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place in the of death yrs ds. State	
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) English Brunk	Where was disease contracted, it not at place of death? Former or usual residence.	185 - 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7
16	(Address) Dist any 11/a	Mehaels Emetery	PATE OF BURIAL
FII	ed, 191	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given np on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convnlsious," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." is less definite; avoid use of "I'nmor" for malig The contributory (secondary or intercnrrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichae-"Exhanstion,"



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PHYSICIANS should state of OCCUPATION IS VELY of information should be carefully supplied. AGE should be stated EXACTLY.

DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. A PERMANENT Every item of information should be CAUSE OF DEATH in plain terms, s. Important. N. B.

PLACE OF DEATH 13035 County Allegany

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

4.		
 fin	den St.; Ward)	

[it death occurred in a hospital or Institution, give its NAME instead of street and number.]

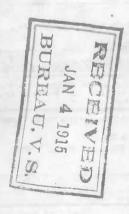
FULL NAME Robert & Bu	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Wisowes, Or Single, Wisowes, Or Single, Wisowes, Or Single, Wisowes, Wisowes, Or Single, Wisowes, Wisowes, Write the working of	16 DATE OF DEATH DEC 24 , 1914 (Month) (Day (Year))
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from Dec 23, 1914 to Dec 24, 1914; that I last saw ham alive on Dec 23, 1914
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in	Languageas Diplithens
which employed (or employer) 9 B!RTHPLACE (State or country) 10 NAME OF FATHER CALL BUYLL	Contributory Muhumus Secondary (Duration) yrs mos ds. (Signed) yrs mos ds. (Signed) M. D. Des 1-4, 114 (Address) Mululand M.A.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, it not at place of death?
(Address Brown Level on A. 15 Filed DEC 24 19 18 Mac New Stone	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL OLD JULIAN 1911 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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injury, as fracture of skull, and consequences (e. g., sepsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal scptichaemus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? mos..... mercet BOCCUPATION (a) Trada, profassion, or particular kind of work (b) Ganarai nature of industry, business, or astablishment in (Duration) vrs mas 60 ds which amployed (or amployer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot daath _____ yrs. ____ mos. ___ Whare was disease contracted.

Stata _____ yrs, ____ mos, __ if not at place of daath?... Former or usuai residenca. 19 PLACE OF BURIAL DAME OF BURIAL

20 UNDERTAKER

Tif death occurred is a hospital or institution, give its NAME Instead of streat and number.1

(Year)

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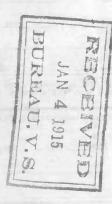
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state

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7 AGE

PARENTS

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DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

particular kind of work

(b) General nature of Industry.

business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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[If death occurred in a hospital or Institution, give its NAME Instead ot street and number.]

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

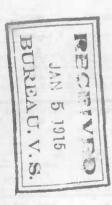
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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or lostitution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVERCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I sttended deceased from DATE OF BIRTH (Mon (Day (Year) 7 AGE It LESS than and that death occurred on the date stated shove, at 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUAY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) at death _____ yrs. ___ mos. State _____ yrs. ____ mos. __ 14 THE ABOVE IS TRUE Where was disease contracted. if not at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

1 PLACE OF DEATH 13039 3 L

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

Village or City Cumberland (No. alleg Hosp. st.; Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

FULL NAME Robert a. Tr.	Conners give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATHLE 2 5 , 191 4 (Year)
7 AGE 1 C S S C C C C C C C C C C C C C C C C	that I last saw has alive on the date atated above, at
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9 BIRTHPLACE (State or country) 10 NAME OF FATHER James Council	Contributory Secondary (Ouration) yrs. mos. 5 ds. (Signed) (Signed) M. D.
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MA 13 Country 14 Country 15 Country 16 Country 17 Country 18 Count	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place of death yrs. mos. de. ds. State yrs. mos. de.
(Informant) (Informant)	Where was disease contracted. Z Estates St. If not at place of death? Former or usual residence # Z ?
(Address) 2 Catelly St. 16 Filed EC 2 6 191491	19 PLACE OF BURIAL OR REMOVAL PLASE HELP CELL, DEL 27, 1914 20 UNDERDAKER ADDRESS City
at more blands due needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND

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PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. Ilt death occurred to a hospital or Institution. give its NAME Instead ot street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 6 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Month' (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at, t dayhrs. The CAUSE OF DEATH * was as follows: OR ? 6 OCCUPATION (a) Trade, protession, or none particular kind of work. (b) General nature of Industry. business, or establishment in which amployed (or employer) ______ None (Duration) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death State _____ yrs, ___ yrs. mos. ds. Where was disease confracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15

20 UNDERTAKER

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist, No. [if death occurred to Ward) a hospifal or institution. give tts NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH 4 COLOR ON RACE MARRIED, WIDOWED. (Month) (Year) ORDIVORCED (Write the word) (Dav I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day TAGE If LESS fhan and that death occurred on the date stated above, a t dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signad 11 BIRTHPLACE 1912 (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place lo the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State _____ yrs, ___ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE EST OF MY KNOWLEDGE If nof at place of death? Former or usual residence DATE OF BURIAL (Address) ... O. I 15 UNDERY ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH 304 STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred in a hospital or institution. give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH 20 MARRIED. 1914 WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in dcaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country yrs. Where was disease contracted. 14 THE ABOVE IS TRUE TO OF MY KNOWLEDGE If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 UNDERTAKES ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional liue is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each aud every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptiehacctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart fallurc," "Hacmorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (speondary or intercurrent) Always qualify aii diseases resulting from (Recommendations on statement of



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. [If death occurred in du (No. St:....Ward) a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. Harried WIDOWED, (Month) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Ouration) yrs. K. mos. K. ds. which employed (or employer) ... Le Contributory..... 9 BIRTHPLACE (State or country) (Secondary) (Duration) X yrs X mos X ds. 10 NAME OF FATHER 11 BIRTHPLACE Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or In deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME V OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place 7. 3 yrs. ... X mos. ... X ds. State 7 yrs, X mos. (State or country) Where was disease contracted. If not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Ur. H. Woler REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the DIREABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Pureperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the cer" is less definite; avoid use of "Tumor" for mallgsuch, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measics; Whooping cough; Chronio oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can-Examples:



N. B.—Every item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

PLACE OF DEATH 13045	STATE OF MARYLAND
County alle Janes (97)	CERTIFICATE OF DEATH
County Later	Registration Dist, No.
Village or City Ounbuland (No. 326, V	V. Gsselvs St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAME LOSS Ta Disto	give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH / 2 , 1914/ (Month) (Day (Year)
	17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	1/00 12, 1914 to Dec 12, 1914.
(Morth) (Day (Year)	that I last saw her allve on Dec 12, 1914
⁷ AGE If LESS than	and that death occurred on the date stated above, at 11:30 Am.
16 yrs 4 mos 15 ds, OR min.?	The CAUSE OF DEATH* was a Collows:
8 OCCUPATION	Labor Uneuciona
(a) Trade, profession, or	
particular kind of work. (b) General nature of industry.	
business, or establishment in which employed (or employer)	(Duration) 6 yrs. / mos. Ods.
9 BIRTHPLACE (State or country)	Contributory
(State or country)	Secondary
10 NAME OF	(Ouration) yrs mos ds.
FATHER -KINGER TESTOOR	(Signat) , W. D.
0 11 BIRTHPLACE OF FATHER	Nee 15, 1914 (Address) Cumbuland Mh
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Y 12 MAIDEN NAME OF MOTHER	
- Million and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	of dealh yrs mos ds. Stale yrs mos ds Where was disease contracted.
THE ABOVE IS THE BEST OF MICKNOWLEDGE	If not at place of death?
(Informant) of the transfer of the	Former or usual residence
(Address) Justin Carlo Mas	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 DEC151014 7/1	Ros Hill 12/15 1914
Filed 1914 // 1916/95	20 UNDERTAKER ADDRESS
REGISTRAR	John Moldon Pundantant
If more blanks are needed, address State Regist	ray, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaecause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Scnilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," 0f



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Village or City Frugithmen. (No. (No. (No. (No. (No. (No. (No. (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
FULL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, WIDOWS OR DIVERSED (Write the word) 6 DATE OF BIRTH MAN ANNOWS	16 DATE OF DEATH (Month) (Day) (Year) 17 Our So, 1914, to Sec. 25, 1914.
(Month) (Day) (Year) 7 AGE Clout 83 yrs. mos. ds. ORmio.? 6 OCCUPATION (a) Frade, profession, or particular klod of work	and that death occurred on the date stated above, at 430 m, The CAUSE OF, DEATH * wds as follows:
(b) Geoeral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Perconductives the state of the state	Contributory respectively forestion yrs mos 4 ds. (Secondary) (Ouration) (Secondary) (Ouration) (Ouration) (Ouration) (Ouration) (Ouration) (Ouration) (Ouration)
10 NAME OF FATHER SULT ONLY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
of MOTHER Not Senown 13 BIRTHPLACE OF MOTHER (State or country) Puland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Trank Foys (Address) Trostoury Mid.	Where was disease contracted, If not at place of death? Former or usual residence. Date of Burial athoric em. 20 20 20 20 20 20 20 20 20 20 20 20 20
Files 191, 191 REGISTRAR If more blanks are needed, address State Registrates	20 ONDERTAKER Jacob Hager Trostburg 1.8 E. Franklin St. Balto Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal who receive a definite salary), may be entered as mino, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative acalthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUEBPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify ail diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAU, V.S.

V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every Item of Information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be in Important. See Instructions on back of certificate.

ounty Allegany Near City Cumbuland (No	Outside of STATE OF MARYLAND City Limits. Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and nomber.] Orewardskie City Third or street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Suggesting of the word	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Be a 1914 to De 14 1914
Nan. 30, 1914	that I last south in the state of the state
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin, ?	and that death occurred on the date stated above, at 12, 30 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	(Duration) yrs - mos ds.
which employed (or employer)	Contributory Morgistion
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Les. Drewauski	Secondary (Duration) yrs 3 mos 0 ds. (Signed) , M. D.
State or country)	and the second s
of MOTHER Blauelie Priez	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
(Informant) Les Dewayski	where was disease contracted, if not at place of death? Former or usual residence
(Address) Freust Strave Mg 16 Filed DEC 15 1914 Max Liston	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 20 UNDERTARER ADDRESS
REGISTMAR	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Never return "Laborer," As examples: "Foremau," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "l'uerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



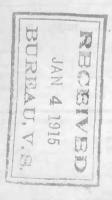
Village or City Linds Land (No.44 M	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred la a hospital or lostitution, giva lis NAME lostead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 12 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Nov 2 9 1914 to Nec 19 1914
7 AGE (Montk) (Day (Year) 1 t LESS than t day, hrs. yrs. 7 mos. ds. OR min.?	and that death occurred on the date stated above, at 4 mm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. Board Busiless, or establishment in which employed (or employer)	(Ouration) / yrs. (o mos. ds.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Casas Casas Man (Address) Casas	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12/22, 1914 20 UNDERTAKER ADDRESS FAR, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia") unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent)



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Elt death occurred inWard) a hospital or institution. give its NAME instead earl C. Ducker of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5.SINGET 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWEO, (Month (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS . 1914 (Address) 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or. in daths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. ds. Stale yrs, ____ ds Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speciadditional live is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Archilect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been chauged or given up on account of the disease first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (relired 6 yrs.) For persons (b) Catlon mill; (a) Salesman, return "Laborer," "Foreman," (d)

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Fif death occurred inWard) a hospital or Institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED. ORDIVORCED (Write the word) WIDOWED, (Month) (Day (Year) attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE If not at place of death?-Former or usual residence..... DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

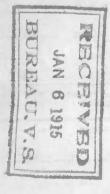
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[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

County allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
b I	Registration Dist. No.
Village or City Cumberland (No. 56,	St.; Ward) [It death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day (Year)	that I last saw h alive on
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Branchofenumenia
business, or establishmant in which employed (or employer)	(Duration) yrs mos d
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos di
10 NAME OF James N. Everly	(Signed) Olm A Shaw Caroul M.
11 BIRTHPLACE OF FATUER (State for country) 12 MAIDEN 12 MAIDEN OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
of MOTHER OTHER A. Crowfes	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSLESS.)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) 57 The Alte	usual residenca
(Address) S S S C S S S S S S S S S S S S S S S	Rose Hill Com Del 2/1914
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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"Collapse," "Coma," "Convulsions," "Debility" ("Conguital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puereral septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal couditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; The nature of the



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PLACE OF DEATH 3052 of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. Countyallsson Village or City Ca 2FULL PERSONA 3 SEX DATE OF BIRTH TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of lo business, or establishm which employed (or emp 9 BIRTHPLACE (State or country 10 NAME OF FATHER See Instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or co 12 MAIDEN NA OF MOTHE OF MOTHER (State or co 14 THE ABOVE IS T CAUSE OF (Intormant) Important. (Address)..... 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in

NESA BLASSIS GROWN	St.; Ward) a hospital or iostitution, give its NAME instead of street and number.]
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREPY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw he sallve on Del 14, 1914
Syrs mos 14 ds. OR min.?	and that death occurred on the date stated above, at 7:03 m, The CAUSE OF DEATH* was as follows: (Lucy miliary tisle /Clc And Company tisle /Clc (And Company tisle /Clc
lustry, ent in over)	(Duration) yrs. / mos. / 4 ds. Contributory Cardial Sailary
Wa Gross	(Signed) Jungles Jane M. D.
ountry) Va	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
dont trow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
THE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
191 Max Viston REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
	strar 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcnltal," "Senile," etc.), thenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, ture of the American Mcdical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. "Contributory." The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD WRITE PLAINLY, WITH -Every Item of Information should be CAUSE OF DEATH in plain terms. s N. B.

PLACE OF DEATH 3053

STATE OF MARYLAND CERTIFICATE OF DEATH. Registration Dist. No. 8

[If death occurred in

FULL NAME Sarah Ann Ja	a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Whits Single, Married, Widowed, Ordinoree Word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH August 1846 (Month) (Day (Year)	that I last saw h alive on 1914.
7 AGE 1 LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 11 VV Jim, The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs mos. ds.
10 NAME OF FATHER OF FATHE	Contributory Organic Hest Deven Secondary (Ogration) 7 yrs mos ds. (Signed) 5 hol N Torra M. D. Let 11, 1914 (Address) Curub Land Mu)
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs mos ds. State yrs mos, ds. Where was disease contracted, If not at place of death? Former or USUAT 765 Pence
(Address) Dal an Electrical January 15 Filed / // 2 1914 Max Leltr REGISTRAN If more blanks are needed, address State Regis	DATE OF BURIAL OR REMOVAD DATE OF BURIAL 20 UT DERTAKER ADDRESS trar, 6 M. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seulle," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eouditions, such as "Asample: Measles (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Juauition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all discases resulting from (Recommendations on statement of (secondary or intercurrent) For Vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

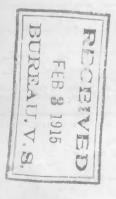
County allegary	STATE OF MARYLAND CERTIFICATE OF DEATH
7/	Registration Dist. No.
PULL NAME Joseph Gro	St.; Ward) a hospital for institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White of the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Conth (Day) (Year)	that I last saw h allve on ,191 ,
TAGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 1. P.m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, er particular kind of work. (b) General nature of Industry,	Skull Due instantly
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Christian	(Secondary) (Secon
10 NAME OF FATHER DON'T Throw	(Signed) , M. D.
C OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Dono Inow 13 BIRTHPLACE OF MOTHER (State or country) Dono Isnow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Filed / 2/24 - 191 / TALLACATE PREGISTRAR	20 UNDERTAKER ADDRESS MANUAL LOTH ADDRESS MANUAL LOTH ADDRESS MANUAL LOTH ADDRESS
If more blanks are needed, address State Registrar	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

inus," "Old Age," "Shock," "Uraemla," "Weakness," such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal scptichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Consepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Arample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. zer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can State cause for Never report Examples:



PHYSICIANS should of OCCUPATION IS PERMANENT EXACTLY. classified. properly supplied. UNFADING may 90 terms. plain of Informati Item Every Item CAUSE OF Important.

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Instructions

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in a hospital or institution, give its NAME Instead ot street and nomber.] PERSONAL MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR BACE MARRIED. WIDOWED (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) ⁹ BIRTHPLACE (State or country) Contributory Pa Secondary 10 NAME OF PARENTS 11 BIRTHPLACE .. 191 .V.. (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted it not at placa of death? Former or (Informant usual residence 19 PLACE OF BURIAL REMOVAL DATE OF BURIAL 15 191.5 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/2

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner; (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupathus: Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing neared (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred is a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a f dayhrs. Was as follows OR min. ? mos BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ___ mos. Where was disease contracted, MY KNOWLEDGE If not at place of death? usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman," persons The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercules of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1915 BURBAU. V.S.

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PLACE OF DEATH 13057 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No .. If death occurred in -Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED MAN (Day (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? mos ... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted THE BEST OF MY KNOWLEDGE If not at place of death? Former or (intermant) usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

REGISTRAR

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid disease of "Crodd"); Typhoid fever (never report "Typhoid phenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaevalvular heart discuse; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. els(No.11) If death occurred inWard) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, d WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191.4. to. 1914 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory_ Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 100 4 19114 (Address) St. ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs. __ Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER Uttludar ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for eause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (Recommendations on statement of may be stated under the head (seeondary or intercurrent) "Dropsy," "Exhaustion," Never report of



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3	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS shou CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 18 DATE OF DEATH 4 COLOR OR RAGE S SINGLE. MARRIED. WIDOWED ORDIVORCED (Write the word) (Month) (Dav I HEREBY CERTIFY. That I attended deceased from 17 Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day.....hrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER 11 (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0# 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ State _____ yrs, __ _ ds. Where was disease contracted. THE ABOVE IS TRUE if not at place of death?. Former or osual residence. DATE-OF BURIAL 15 20 UNDERTAKER ADDRESS,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an been changed or given up on account of the disease of persons engaged in domestic service for wages, as mine, ete. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State eause for valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequenees (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecte., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatie), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mere symptoms or terminal eonditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The eontributory (secondary or intercurrent) Always qualify all diseases resulting from Never report For vio-



V. S. No. 1.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF M	IARY	LAND
CERTIFICATE	OF	DEATH

County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
10 1-10 2	Bleece Registration Dist, No.
Village or Gity Chamber George Sold	st.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married or Divorced or Write the word)	DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH July 23 1849	17 I HEREBY CERTIFY, That I attended deceased from Lieu 21, 1914, to Lieu 22, 1914
7 AGE (Month) (Day (Year) 11 LESS than 1 day,hrs.	and that death occurred on the date stated above, at 18 30 cm. The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work	Appendich
(b) General nature of industry, business, or establishment (in which employed (or employer)	Contributory Perterulis
(State or country) 10 NAME OF FATHER	Secondary (Quration) yrs mos d
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME MARY Schell 13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos ds. State yrs, mos d Where was disease contracted, If not at place of death?
(Interment) Elizabeth Ammelings	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 DEC 23 1914 Max Julton	German Full Com De 14, 191 and 20 UNBERTAKER ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "Puerieral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seulle," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viodent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from



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PHYSICIANS should state of OCCUPATION is very

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PERMANENT stated EXACTLY. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

13061

[If death occurred in a hospifal or institution, give its NAME instead

of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH 29, 191/ (Month) (Day (Year)) 17 / I HEREBY CERTIFY, That I attended decessed from
6 DATE OF BIRTH SEC 3-9, 1914 (Month) (Day Year)	\$20_ 2 9, 1914, to \$20_ 2 9, 1914 that I last saw h X dies on 191
7 AGE 3 moo in intero if LESS than 1 day,hrs.	and that death occurred on the date stated above, at 5 30 Pm The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Junaline
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration)yrsds
9 BIRTHPLACE (State or country) multipland me	Contributory Secondary (Duraflon) yrs mos ds
OF FATHER AND ANNICHA OF FATHER OF FATHER	(Signed)
12 MAIDEN NAME OF MOTHER 9 12 -	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Information) (Information)	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) 1 5 N - Coffee Se	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 1914 Max Jurlon REGISTRAR	20 UNDERTAKER John Joyal Little Joyal Curtulourd

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anacmia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if Impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puereral septichacctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned "Heart failure," "Hacmorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." by earbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion,"



MARGIN

PHYSICIANS should state of OCCUPATION is very Exact statement stated EXACTLY. properly classified. should AGE DEATH

PERMANENT UNFADING INK-THIS IS carefully supplied, o that it may be p DEATH in plain terms, so See instructions on back of WRITE CAUSE OF important.

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1 PLACE OF DEATH

13062

STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Co	unty	11
	Luke:	Registration Dist. No.
Vill	age or City Mile (No, Prone) 2FULL NAME	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
361	** COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH DE 28 , 1914 (Month) (Day (Year)
6 D/	ATE OF BIRTH LC V8 1914	17 De 28 HEREBY GERTIFY, That I attended deceased from 1914, to Dec 28 , 1914
-	(Month) (Day (Year)	that I last saw halive on
TAG	1 day,hrs.	and that death occurred on the date stated above, at
(a) par (b) busi	yrs mos ds. QR min. ? CCUPATION Trade, profession, or ticular kind of work General nature of Industry, ness, or establishment in ch employed (or employer)	This child was bong don't be the form of several him prior to its besteration) yes mos os
9 BI	RTHPLACE (State or country) Luke Md	Contributory Secondary
S	10 NAME OF FATHER FRANK Covatch 11 BIRTHPLACE	(Signed) State M. D. M. D. D. L. L. M. D. D. D. D. D. L. M. D.
ARENT	OF FATHER (State or country) Hungary 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
α,	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
	Informant) Steremer Horvat	Where was disease contracted, If not at place of death? Former or usual residence
	Luke ml.	19 BLACE OF BURIAL OR BEWOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. Y.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits eau be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-For many occupations a slngle word or term on the who have no occupation whatever, write None. who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salesman, returu "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitiat nephritis, oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or misearriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeoudary), 10 ds. Never report affectiou need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidentat drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," eause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State eause for tetanus) may be stated under the head (Recommendations on statement of For VIO-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Village or City a hospital or institution. give its NAME instead of street and number.] PERSONAL AND ATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RAGE DATE OF DEATH MARRIED, 1917 WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) ... 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) ARENTS *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ____ yrs. ___ State Where was disease contracted. 14 THE ABOVE IS

If not at place of death?-Former or usual residence. REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senlle," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Tuerperal septichacctc., when a definite disease can be ascertained as the "lieart failure," "Haemorrhage," "Inaultion," "Marasaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sopsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Ex-



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STATE OF MARYLAND

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(Month)	(Day	(Year)
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19 PLACE OF BURIAL OR REMOVAL

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If more blanks are needed, address State Registrar, C.E. Franklin St., Balto., Requesting V. S. No. 1.

2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death 1 dayhrs. The CAUSE OF OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) ... PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE OF MOTHER (State or country 14 THE ABOVE (Informant)-(Address). 15 Filed REGISTRAR

1 PLAGE OF DEATH

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Village or City

No. 702

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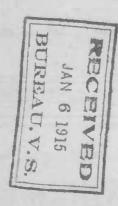


[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman," (7)

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V. S. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Belle of Dang (No. 2000)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH December 10, 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE TAGE A GRANT AGE TAGE TAGE	that I last saw hr. Malive on OCK 29, 1914 and that death occurred on the date stated above, at 7 Am The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Carablegia (Duration) yrs mos ds
10 NAME OF FATHER Separe Share 11 BIRTHPLACE OF FATHER (State or country) Pennsylvian Bedford Co 12 MAIDEN NAME OF MOTHER Vanched Yearle	(Signed) M. M. D.
13 BIRTHPLACE OF MOTHER (State or country) Pennsynan Bodhal lo 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E Clagabeth Jay (Address) Belle cyrone My	At place of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Sand Date of Burial Date of Burial Sand Date of Burial

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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certificate ō back See instructions

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 CL (No. 301 aldton [It death occurred in a hospital or lostitution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED. (Month) (Day (Year) Write the I HEREBY CERTIFY, That I attended deceased from Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, a 1 dayhrs. mos,.....ds. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) State _____ yrs, ____ mos. ____ yrs. ____ mos. ___ ds. Where was disease contracted, If not at place of death?. Former or usual residence BURIAL OR REMOVAL DATE OF BURIA 15 20 UNDERPAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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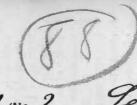
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PARENT

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12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country)



PLACE OF DEATH 3067

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Benkeled (No. 2,	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gold (Month) (Day (Year) 7 AGE 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the Moderated) (Write the Moderated) (Year) 7 AGE 62 yrs mos cs. (S. OR min.?	10 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from NOVA 16 1914, to See 1 1914 that I last 22w h Latilve on 2111 30 11, 1914 and that death occurred on the date atted above, at 10 m The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER OF FATHER OF FATHER (State or country) 1 BIRTHPLACE (State or country) The state of country of the state of the	Contributory Secondary (Duration) (Duration) (Doraflon) (Signed) (Signed) (Address) (Address) (Address) (State the Disease Carsing Death of in deaths from Violence

191 X (Address) Chillee Jano *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

OR RECENT REAL	SIDENCE SENTS)	(For H	OSPITALS,	INSTITUTE	ONS, TRÀNS	ENT
At place			In the			
of death vrs.	mos	de	cteto .	wre	man	al.

Where was disease contracted. If nof at place of death?.

Former or usual residence

19 PEACE OF BURIAL OR REMOVAL

ADDRESS

DATE OF BURIAL

20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman,"

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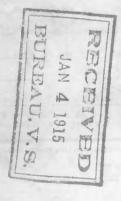
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in a hospital or Institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above. 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work_ (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS (Address) Cumli 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death ... yrs. mos. State _____ yrs. ___ mos. _ ds. 14 THE ABOVE IS Where was disease contracted. If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care mine, etc. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the As examples:

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V. S. No. 1.

N. D.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 13065 allegany

Outside of STATE OF MARYLAND City Limitertificate of Death

Registration Dist. No.

wear Village or Gity	Cum	berland	(No	asy	lum	Str	Ward
village or City	*****************		(No			_St.;	Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

Phoelia Kerus

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Temale White (Write the word)	16 DATE OF DEATH /2 7 , 1914 (Month) (Day (Year)		
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from		
(Month) (Day (Year)	that I last saw h La alive on		
7 AGE It LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH * was as follows:		
(a) Trade, profession, or particular kind of work	Miabetes		
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) - yrs. 6 mos ds.		
9 BIRTHPLACE (State or country)	Gontributory Secondary		
10 NAME OF Sout Know	(Signed) Strutus , M. D.		
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-		
Z 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State or country)	At place of death 2 yrs. 7 mos. ds. Stale 75rs. 3 mos. ds. Where was disease contracted,		
(informant) Silas Frans	If not at place of death? Former or usual residence Williams Road, Cumb, #d.		
(Address) So Cumbol	19 PLACE OF BURIAL OR REMOVAL DAME OF BURIAL Rose Hell Cent DEC 10, 191 44		
Filed DEC 9 19914 Max Act USA	20 UNDERVAKER ADDRESS,		
If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease should be taken to report specifically the occupations who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 16 DATE OF DEATH WIDOWED. (Month) ORDIVERCED I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Month) (Day 7 AGE If LESS then and that death occurred on the date stated above, a 1 dey hrs. The CAUSE OF DEATH* was as follows: or min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General neture of Industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ___ State ____ Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 PUNDERTAKE

> If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1. KM- asamo

REGISTRAR

Ilf death occurred in a hospitel or institution. give its NAME instead of street and number. I

(Year)

yrs.....ds.

DATE OF BURIAL

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[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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BOCCUPATION (a) Trade, profession, or

particular kind of work. (b) General nature of industry,

9 BIRTHPLACE (State or country)

10 NAME OF

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

business, or establishment in

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

lif death occurred is a hospital or institution, give its NAME tostead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

(Month)

which employed (or employer) -----

5 SINGLE. MARRIED. Q

(Write the word)

(Day

(Year)

If LESS than

1 day hrs.

min. ?

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Day I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at. The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA.

(Durafte

Af place	In the	uma.	
of death yrs mos ds. Where was disease contracted.	State	lı2'	mas
If not at place of death?			
Former or			

DATE OF BURIAL

Contributory

Secondary

(Signed)

usuai residence

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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RECEIVE Dumanently fied. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondis essential and must be obtained before

BUREAU, V.S. MAY 7 1915 RECEIVED FUR 9 1915

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate.

CAUSE OF Important.

N. B.

1 PLACE OF DEATH 14084	STATE OF MARYLAND CERTIFICATE OF DEATH
County allegany	Registration Dist. No.
Village or City Nawlungs (No	St.; Ward) [If deafh occurred in a hospifal or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mule Single, Married Wildowed, Married ORDIVORCED (Write the word)	16 DATE OF DEATH Security 26, 1914. (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from 1914, to Dec. 26. 1914,
TAGE (Month) (Day (Year) (Year)	that I last saw here allive on 2. 2.3 ,1914 and that death occurred on the date atted above, st 3.7. m. The GAUSE OF DEATH* was as follows: Organic Vert Dienee
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF STATHER	Contributory Gradian yrs mos ds. (Quration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Mary Cand 12 MAIDEN NAME A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Magirel Price 13 BIRTHPLACE OF MOTHER (State or country) Mary Care d 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Many Jahn Lywilhin.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds Where was disease confracted, If not af place of death? Former or usual residence.
(Address) Translanga Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Hamr Greetyn Wa Ste 28, 1914 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At-school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman,"
"Manager," "Deaier," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuibeen changed or given up on account of the disease ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," scpsis, tetanus) such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart faliure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as ampie: "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," The nature of the Never report



S. No. 1

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

	PLACE OF DEATH	STATE OF MA	RILAND		
0.	unty allegans	CERTIFICATE C	OF DEATH		
Co	unty allegans	Registration Di	st. No.		
Vif	iage or City Ourbeland (No. 97,	Highland St.; Ward	[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
	FULL NAME OULLOW	Long	or errorr fills unmoured		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH		
35	ukun 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH ORGANIC (Month)	(Day (Year)		
N		17 I HEREBY CERTIFY, That I attended deceased from			
e D	ATE OF BIRTH Dev 101x	, 191, to	, 191,		
	(Month) (Day (Year)	that I last saw h alive on	, 191		
TA	GE If LESS than	and that death occurred on the date state	d above, atm,		
	f day,hrs.	The CAUSE OF DEATH* was as follows:	1		
	yrs mos oR oR min, ?	Did not see	Leolus		
	CCUPATION) Trade, profession, or	Removed place Lita DEC			
pa	rticular kind ot work	26 1914			
(b)	General nature of industry, siness, or establishment in	1-10 11 3 mm	mille the		
wh	ich employed (or empioyer)	(duramon)	y's comsegree		
9 B	RTHPLACE (State or country)	ContributorySecondary			
	(State of Country)	(Boratiem)	W70 W00 do		
	10 NAME OF FATHER	(Signed)	yrs mos ds.		
S	11 BIRTHPLACE	To do	1. 7		
7	OF FATHER (State or country)	(0000)			
ARENTS		*State the DISEASE CAUSING DEATH, of CAUSES, state (1) MEANS OF INJURY;	r, in deaths from Violent and (2) whether Acciden-		
PAF	of Mother Marie Audenson	18 LENGTH OF RESIDENCE (FOR HOSPITALS			
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the	, manual management		
_	OF MOTHER (State or country)		yrs, ds		
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?			
	(Informant) At I will	Former or	***************************************		
	0 / 100	usual residence			
1	(Address) Teluntuland	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL		
16	1 54 11		, 191		
Fil	/	20 UNDERTAKER	ADDRESS		
	REGISTRAR				

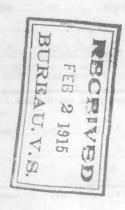
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

(Address) -----

If more blanks are needed, address State R.

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Co	PLACE OF DEATH 13073 Junty Allegary PLACE OF DEATH 13073 PULL NAME 13073 PLACE OF DEATH 13073 PULL NAME 13073	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.; Ward) [it death occurred in a hospital or iostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
	MARRIED, MANUEL WIDOWED, MANUEL WIDOWED, ORDIVORED ORDIVORED ORDIVORED (Write the word) ATE OF BIRTH DEC 3, 18.64 (Month) (Day (Year)	16 DATE OF DEATH OF MONTH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from A 25, 1914, to Dec 8, 1914, that I last saw has alive on Dec 7'1, 1914
TA	50 6 5 1 day,hrs.	and that death occurred on the date stated above, at 5.30 g, m, The CAUSE OF DEATH* was as follows:
(a pa (b) bus	yrs mos ds. OR min.? OCCUPATION Trade, profession, or criticular kind of work Deneral nature of industry, siness, or establishment in lch employed (or employer)	(Duration) 1 yrs mos ds.
	IRTHPLACE (State or country) W.7/4	Contributory acute Friterstal Nephrtie
S	10 NAME OF FATHER Suchuoun	(Signed) 200 / Branche, M. O.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
PAR	12 MAIDEN NAME OF MOTHER	
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted.

CAUSES,	state (1)	MEANS (NG DEA	TH. or	n deaths (2) when	from Vio
At piace ot death Where was	H OF RESIDE Yrs. disease contrice of death?	mos acted,	_ ds.	in the		
					2420-2	BUBLAL
	net /		an		DATE OF	10 191

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease statement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Never report For Vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution, give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 OATE OF CEATH MARRIED, WIDOWED. ORDIVERCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from OATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER: PARENTS 1 MEIRTHPLACE 191 (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIOEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death _____ yrs. ___ mos. ___ ds. State _____ grs. ____ ds Where was disease contracted. If not at place of death?. Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADORESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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Outside of STATE OF MARYLAND 1 PLACE OF DEATH 1307 CERTIFICATE OF County Registration Dist. No

-Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and comber.]

DEATH

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIED, WIDOWED, ORDIVORCED, ORDIVORCED, ORDIVORCED, ORDIVORCED	16 DATE OF DEATH /2 - 6 ,1914 (Month) (Day (Year)
	The Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
• D/	ATE OF BIRTH	12/1, 1914, to 12/5, 1914, that I last saw h. M. alive on 12/5, 1914
7 4	(Month) (Day (Year) GE . It LESS than	
~	57 yrs	and that death occurred on the date stated above, at 7.30 Pm. The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or ricular kind of work Aloner	Polmonary Julielos
bus	General nature of Industry, Iness, or establishment in ch employed (or employer)	(Duration) yrs 3 mos. ds.
9 B!	RTHPLACE (State or country)	Secondary
	10 NAME OF FATHER Aucherous.	(Signed) States M. D.
ENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PARI	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 _T	(State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, South Know
((Informant) Health Dept Reends	Former or usuai residence. TEsternhert Ma
	(Address) City.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	DEC 9 1914 May Ville	20 UNDERTARER ADDRESS
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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(a)	CCUPATION Trade, protession, or ticular kind of work General nature of indus	Labor	up.
bus Whl	ness, or establishment ch employed (or employe	in r)	• •••••••
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	10 NAME OF	P.Ma	e.M. La
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	(Address)	Lun	leeffens

STATE OF MARYLAND CERTIFICATE OF DEATH

The same of the sa	Registration Dist. No.
umbroles (No. ally	Carry Hospital St.; Ward) [It death occurred la a hospital or institution, give its NAME instead
NAME John E	A c Iniclan of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE MARRIED, WOMED, ORDINGRED (Write the word)	16 DATE OF DEATH , 191
(Month) (Day (Year)	that I last saw h. Lance alive on
It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
Laborer	Pyloris & Durdan Gaming
stry, at In ver)	static absorre (Duration) 5 mos ds.
2nd,	Contributory Beforetion Pylace, when though powered duratum it to towns colon (Doration) yrs mos. ds.
(18 Mac Milfan	(Signed) Class Jub over his, M.D.
intry)///ary/and	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Intry) Lunsylvania	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the life time ds of death yrs mos ds
He to the Best of MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence. W. Law Quee
Junes Texford Mel	19 PERCE OF BURIAL OR REMOVAL DATE OF BURIAL OUR COLOR 1914 1914 1914
, 191 4 ALL THE REGISTRAR	20 UN DERTAKER KDDRESS
If more blanks are needed address State Degist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



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RECORD	PHYSICIANS should
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should signable OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is umportant. See instructions on back of certificate.
WRITE PLAINLY, WITH	Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma mportant. See instructions on back of certificate.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No.. Ilf death occurred to a hospitat or Institution. give its NAME Instead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF GEATH MARRIED, WIDOWED, (Month) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Manth) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE . 1914 (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) In the . of death _____ yrs. ____ ds. State _____ yrs. ____ mos. 14 THE ABOVE IS TRY Where was disease contracted. If not af place of death?... Former or usual residence. 19 PLAST OF BURDAL OR BEMOVAL DATE OF BURIAL (Address) 15 20 UN BERTAKER AODRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 4 1915 BURHAU. V.S.

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OCCUPATION

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See Instructions

certificate.

PHYSICIANS

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UNFA	arefully that It
WRITE PLAINLY, WITH UNFADING	Every Item of Information should be carefully supplicAUSE OF DEATH in plain terms, so that it may
No. 1.	very Ite

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No... Belle home Ilf death occurred inSt:.....Ward) a hospital or institutico. give its NAME instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED? (Write the word) I HEREBY CERTIFY. That I stranded deceased from 8 DATE OF BIRTH 1914, to LORC 22 1914 that I last saw hein allve on Dee. 20 1914 (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 12 A m 1 day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of Industry. business, or establishment in (Duration) yrs, mos, occess which employed (or employer) 9 BIRTHPLACE (State or country) Gontributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State Where was disease contracted If not at place of death? Former or (Informant) ----usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ener 20 UNDERTAKER

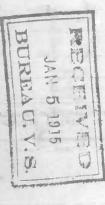
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "Puespesal peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," ample: Weastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasins) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head of by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can-The nature of the "Exhaustion," Never report Examples: For vio



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is dery important. See instructions on back of certificate.

PLACE OF DEATH 13079	STATE OF MARYLAND
llegani	CERTIFICATE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
a dello Manil	CERTIFICATE OF DEATH
County	
	Registration Dist, No.
Village or City Sumbelland (No. 206)	MARIA CLARITICA Elf death occurred in
Village or City (No. 200,	St.; Ward) a hospital or institution,
(t. Q	give its NAME Instead of street and number.]
FULL NAME JULY SALW	Maukhes
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE. 01 m Al.	16 DATE OF DEATH
MARRIED, WIDOWED.	1914
Whate (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
100/ 10 aux	, 191, to, 191,
(Month) (Day (Year)	that I last saw hallve on
7 AGE (Month) (Day (Year)	
1 day,hrs.	and that death occurred on the date stated above, at the m,
yrs	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Trade, profession, or	All filled
particular kind of work	2 ms.
(b) Beneral nature of Industry, business, or establishment in	
which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	ContributorySecondary
- Maryland	
10 NAME OF	(Question) yrs
FATHER Manhay	(Signed) J. J. J. N. D.
11 BIRTHPLACE	Sec/30, 1914 (Address) umbelland
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH OF in deaths from Working
2 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER I man 1 14 1 1 1	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds
THE ABOVE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant)	Former or usual residence
hart Mall A Chall	19
(Address), Alumn Stellam, Man	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Man 1914
Flied lec 31, 1914 May Collow	20 UNDERTAKER ADDRESS
REGISTRAR	1. 1 deveg ma leity
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balo, Requesting V. S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

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V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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Village or City Cumberland (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred is a hospital or lostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH ZLC (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	
00- 20, 1874	
Month) (Day (Year) 7 AGE 1 If LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trada, profession, or particular kind of work.	and that death occurred on the date stated above, at 4.3 mm, The CAUSE OF DEATH* was as follows: Chance Colomber Heart- Elizopt,
(b) General nature of Industry, business, or establishment in which employed (or employer)	Gontributory (Duration)yrsmesds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF RATHER Unknown	(Signed) Olm. A. Shaw Carren, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Main NAME OF MOTHER	*State the DISEASE CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds Where was disease contracted,
(Informant) Mes dillean Haines	if not at place of death?
(Address) 5 cresap St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FILE EC 21 191491 Max Vellon REGISTRAR	20 UNDENTAKER ADDRESS Cety
If more bianks are needed, address State Regist.	rar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

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Village or City Alexand (No. 2001)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) El Michaels STATE OF MARYLAND [If deeth occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word) 4 COLOR OR RACE MARRIED, Married OR DIVORCED (Write the word) 2 - 28 - 1860	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from 191 to 5 11 191 11 that I last saw has alive on 5 15 11 191 11
(Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. ORmin.? 8 OCCUPATION (a) Trede, profession, or perticular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 6. 20 P. m. The CAUSE OF DEATH* was as follows: Lowell was a follows: (Duration) — yrs. — mos. — ds.
10 NAME OF FATHER Win Wichaels 11 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary (Duration) yrs mos ds. (Signed) Jansubole , M. D. Dec 171, 1914 (Address) Westernsport, M.D.
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) Af place in the of death yrs mos ds.
(Interment) Mrs. Mary Michaels (Address) Mesterrefor Mary 15	Where was disease contracted, If not et place of death? Former or USUAI residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the misease who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the misrase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the genital," "Seuile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



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DEATH

Every

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See

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PARENT

16

(a) Trade, profession, or

particular kind of work

9 BIRTHPLACE

14 THE ABOVE

(b) General nature of industry,

business, or establishment in

(State or country

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

(Address) .--

OF FATHER (State or country)

10 NAME OF FATHER

which employed (or employer)

state Very

1 PLACE OF DEATH County 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, 4 COLOR OR RACE WIOOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year TAGE If LESS 1 day,..... OR.....min SOCCUPATION

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

Ward)

[If death occurred in
a hospital or Institution
give its NAME Instead
of street and number.]

	MEDICAL	CERTIFIC	CATE OF	DEATH	
16 DATE	OF DEATH	. ,	7	,,	/
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		Address)	Je Colon	Au	
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TAL, SU	ICIDAL, OF HOMI	CIDAL.		(=) (//	- COIDE!
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At place	ENT RESIDENTS		In the		
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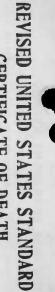
ACE OF BURIAL OF REMOVAY DATE OF BURIAL whecasi

20 UNDERTAKER

ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



CERTIFICATE OF DEATH

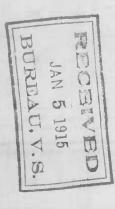
[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus; Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The essary to know Physician; Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of CAUSING DEATH (the primary affection with respect to "Croup";) term for the same discase. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," unqualified, is indefinite): Tubercufever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from , childbirth or miscarriage as "Puenpenal septichae-LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of State cause for

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before



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MARGIN	

OCCUPATION IS PHYSICIANS -PERMANENT stated EXACTLY. classified. 4 pinous UNFADING INK-THIS properly AGE carefully supplied. may certificate. ö WRITE PLAINLY, WITH of information should be See Instructions on back plain terms. _ DEATH CAUSE OF Important. B ż

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Village o	or City eo	nd co.	my	(No	********

PERSONAL AND STATISTICAL PARTICULARS

(Month)

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(Write the work

4 COLOR OR RACE

FULL NAME

3 SEX

7 AGE

PARENTS

15

6 OCCUPATION (a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

which employed (or employer)

of FATHER (State or country)

13 BIRTHPLACE OF MOTHER (State or country)

12 MAIDEN NAME OF MOTHER

(Address).....

File 30 , 1914

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist	. No
St.; Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH 2000	29 , 1914
(Month)	(Day (Year)
17 I HEREBY CERTIFY, That I	attended deceased from
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that I last saw h slive on	,191
and that doubt account and a second	Uzak
and that death occurred on the date stated a	ibove, atm
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of Coal.	. /
Oll and Ole	Callet
Wind a C	12000
(Duration)	yrsmosds.
Contributory	
(Ouration)	uro mon de
011 01	yrsds.
(Signed) Manistr Shaw C	aroull, N. D.
2000 20 ml 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	al and
20.10 3.0 , 191 4. (Address)	The second second section of the sectio
*State the DISEASE CAUSING DEATH, or,	in deaths from VIOLENT
*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	(2) Whether Acciden-
16 LENGTH OF RESIDENCE (FOR HOSPITALS, I	
OR RECENT RESIDENTS	HANDIENTS,
At place in the	Land Control of the
of death yrs mos ds. State Where was disease contracted.	yrs ds
If not at place of death?	
Former or	
usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(1) (1) 0 + (1) A	112.1
thelegampeneley, Firstly	1912 , 1912
20 UNDERTAKER . AAA	ADDRESS

ADDRESS

(Day If LESS than 1 day,hrs. OR min. ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. UŽ



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritondeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1915 BUREAU, V.S.

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Vitiage or City Louis Louis and (No. 70 9)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make 4 color of RACE 5 single, Suit the MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended degreesed from
/2	that I last saw how allow on the 5 1914
TAGE If LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at 8 4 m The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Perthelace (State or country) Count least and May	Contributory Coursels Secondary
10 NAME OF CALLES OYTAS 11 BIRTHPLACE OF FATHER (State or country) Letton Value 12 Maiden Name OF Mother	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place in the ot death
Filed DEC 7 1914 May Letter Filed DEC 7 1914 May Letter REGISTRAR If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKEN Para, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
Oweres U	on, o 2. Transmi St., Dano., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persous Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speeistatement. Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illmaterial worked on may form part of the second been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Caroin-

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V. S. No. 1.

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Village or City Cambula d (No. 4)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Still	for Cadfield of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
South Some White 5 single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	15017,1914 to Dee 17,1914
(Month) (Day (Year)	that I last saw h 17 alive on Se 17 1914
7 AGE 3	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or perticular kind of work	alonion
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (7) Dant brown Secondary
10 NAME OF FATHER albert Padfield	(Signed) (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 Main Den Name OF MOTHER OF MOTHER	*State the Disease Causes, state (1) Means of Injury; and (2) whether Accidentally Suicidal, or Homicidal.
of Mother anna Lavena Walter	18 LENGTH OF RESIDENCE (FOR HOSSITALS INSTITUTIONS TOWN
13 BIRTHPLACE OF MOTHER (State or country) Bellwood Ca	At place In the of death yrs mos ds
(Informant) / Lamang 211-8	Where was disease contracted, If not at place of death? Former or Usual residence
(Address) 1 5 N. Contin Se	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed DEC181914 Hax Her ttoq	Clewated 7/8, 1914 20 UNDERTAKER ADDRESS 42 Page CT
	rar, 6 E. Franklin St., Balty, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerreral scatichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For VIO-



supplied. AGE should be stated EXACTLY. PHYSICIANS should may be properly classified. Exact statement of OCCUPATION is PERMANENT 4 UNFADING INK-THIS IS carefully supplied. See instructions on back of certificate. PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

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[It death occurred in

FULL NAME Dufaut	Page a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDWORCED (Write the word)	16 DATE OF DEATH /2 /6 , 191.4 (Year)
12	that I last saw hell alive on Please 1, 191
7 AGE if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Course Cou
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Duration) yrs mos ds. (Signed) (Address) (Signed) (M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER CALL STRUM (MY 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at placa of death? Former or usual residence.
(Address). UNLAND MA 16 Filed	19 BEZCE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER TALLY TALLY TO E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Cantheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Assuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." by earbolic acid-probably suicide. dent; Revolver wound of head-homieide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "PUERPERAL septiehae The nature of the "Exhaustion,"



state Very YSICIANS should PHYSICIANS RECORD of statement PERMANENT EXACTLY. stated classified. d be S should THIS properly AGE UNFADING INK supplied. pe may carefully that It So jo WITH pe See instructions on back should PLAINLY. of information WRITE Every Item CAUSE OF

7 AGE

BOCCUPATION

(a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

14 THE ABOVE IS TRUE TO THE

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in

which employed (or employer)

certificate.

Important.

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PARENTS

15

Filed.

1 PLACE OF DEATH County Village or City 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 8 DATE OF BIRTH (Month)

(No

(Year)

It LESS than

t day,hrs.

OR min. ?

KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

SINGLE,

WIDOWED, ORDIVORCED (Write the word)

(Day

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

[it death occurred a hospital or institution give its NAME losted of street and number.
EATH 2

MEDICA	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	189 -	2	10.4
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	(Duration)	yrs,	mosds
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Secondary	various to deveated a gradeful	00	Mark a de si
	(Duration)	yrs	.mosds
Signed) Lev	11/1/06	sall	и п
12/2. 11			12
	(Address) CK	I ALL	116
*State the DISEASE CAUSES, state (1) ME	CAUSING DEATH, CANS OF INJURY	or, in deaths f	rom Violen
TAL, SUICIDAL, OF HOM	HCIDAL.	and (2) whet	der Acciden
18 LENGTH OF RESIDE	NCE (FOR HOSPITAL	s, Institution	, TRANSIENTS
OR RECENT RESIDENTS	n the		
ot death yrs mo		yrs,	. mos ds
Where was disease contracted	,		
It not at place of death?			H
Former or usual residence			
19 PLACE OF BURNAL C	B Etwoyer	DA-7-6-	241244
Callant		12/6	BURIAL
TEXTURE	In	1	191
20 UNDERTAKER	1	ADDRESS	11

No.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Coutributory." sepsis, tetanus) may be stated under the head of lujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (dlsease causing death), 29 ds.; etc. State cause for "Exhaustlon," For vio-



V. S. No. 1.

RECORD	PHYSICIANS should state to occupation is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ounty Allegary Village or City Coxulalary (No. 72,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or lostitution.]
FULL NAME for 1	Petton Stillform give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mute Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw halive on
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER HOLLY B Prefer 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hary B. Pelfin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the ot death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death? Former or usual residence.
(Address) 72 Marin ST 16 FIRE EC 23 191491 A REGISTRAR	19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL 20 UNBERTAKER APPRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

Louis Stew

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puebreral septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can injury, as fracture of skuii, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (seeoudary or intercurrent) For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

	PLACE OF DEATH 13090 Sounty Base San	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
V	FULL NAME	St.; Ward) a hospital or institution, give its NAME instead of street and number.}
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH Diemst 27, 19/4 (Month) (Day) (Year)	that I last saw halive on
(a) pai (b) bus whi	If LESS than 1 day,hrs. yrsmins. ds. ORmin.? CCUPATION) Trade, profession, er rificular kind of work. General nature of industry, iness, or establishment in ch employed (or employer)	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: Day Day Draw Draw Day Draw Draw Day Draw Draw Day Draw Draw Draw Contributory Draw Draw Draw Draw Draw Draw Draw Draw
TS	10 NAME OF FATHER Christian Polloch 11 BIRTHPLACE (State or country) 12 Sand	(Secondary) (Doration) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed)
PAREN	(State or country) 12 MAIDEN NAME OF MOTHER Many Hardin 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hoapitals Institutions, Transienta, or Recent Residenta) At place In the of death yrs, mos ds.
	(Interment) Pray Olloch (Address) And Sangles	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	ed Dec 28, 1914 F. a. S. Munayler	20 UNDERTAKER FORMS ADDRESS' Chair Pollwh

satisfactorily explaned. State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

H.N.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same decepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar incumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "PUERPERAL septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Never report Examples:



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every item of information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Village or City Lumber Stand (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thurse Mitte Sand 15 1830	18 DATE OF DEATH 12 in 9 in , 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended degreesed from
(Month) (Day (Year) TAGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 7.15 pm, The CAUSE OF DEATH * was as follows: Aronic Valvulur heart disease
(b) General nature of Industry, business, or establishment In which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary Coursemaled terror Coursemaled terror Secondary Contributory Secondary
10 NAME OF FATHER Solve Source. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Chorlette G Gardier M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds, State yrs, mos, ds Where was disease contracted, It not at place of death?
(Address) Fayette St. 16 Filed 12/12, 1914 Wax Violen	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TO UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthevia (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Taberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Cona," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasby carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



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should is OUPATION PHYSICIANS RECORD statement RMANENT EXACTLY. Exact classified. be pino properly lui, supplied. be may certificate. carefully that 80 5 back terms, should 00 plain Instructions C EATH WRITE of i DE/ See Item Every Item CAUSE OF Important.

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state Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Village or City (No.L/ a hospital or institution. give its NAME Instead of street and nomber.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. MARRIED. widowed, MOYOO TO ORDIVORCED (Write the word) 1915 (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Day TAGE if LESS than and that death occurred on the date stated above, a f day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which amployed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Al place OF MOTHER (State or countr of death _____ yrs. ___ mos. ___ State _____ yrs. ____ mos. ds. Where was disease contracted. If not at place of death?. Former or usual residence. DATE OF BURIAL

ADDRESS REGISTRAR If more blanks fre needed, address State Registrap 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senilc," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tion need not be stated unless important. Extctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of "Dropsy," "Exhaustlou," death), 29 ds.;



No. 1.

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N. B.-

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every liter of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 13093



STATE OF MARYLAND CERTIFICATE OF DEATH

Co	ounty.	
		Registration Dist. No
Vi	llage or Gity Molburg (No,	St.;Ward) [If death occurred in a hospital or institution,
	7 /	give its NAME Instead of street and number.]
	2 FULL NAME Mary Gum	Resheration of street and number.
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
³ S	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Oct 1863	1917, to DZ 0 ,1917,
	(Month) (Day (Year)	that I last saw has alive on 2 20 , 191 9
7 AGE If LESS than		and that death occurred on the date stated above, at 3 4 m,
	1 day,hrs. ORmin, ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION -		1/20 0 - 0 - 1
	1) Trade, profession, or Africular kind of work	- Marie Corroca
	General nature of industry,	Joy-Rom
business, or establishment in which employed (or employer)		(Ouration) yrsmosds.
9 BIRTHPLACE (State or country)		Secondary Special Contributory Special Contributory
Walle		(Ouration) yrs mos ds.
PARENTS	10 NAME OF SALE	(Signed) Length . N. D.
	11 BIRTHPLACE	53C 3 , 1914 (Address) Problem
	OF FATHER (State or country) Wales	
	12 MAIDEN NAME (7)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	OF MOTHER Elizabeth Jones	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTE
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the
14		of death yrs mos ds. State yrs mos ds Where was disease contracted.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		If not at place of death?
	(Informant) June (Informant)	Former or usual residence
	(Address) twostling my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	5 6 9 000	Frathers Mod. Loor & 191 66
FI	Dec 8 1914 Sed Conney	20 UNDERTAKES ALO 1 ARDRESS
	REGISTRA	Jacob Hafer. Frostburo Ma
	If more blanks are needed, address State Regist	par, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Furm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has material worked ou may form part of the second essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton mill; (a) Satesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaenant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Huanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. vatvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) telanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE

RECORD

13094 1 PLACE OF DEATH Village or City (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[if death occurred in a hospital or institution,

	FULL NAME Baley Pobin	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Nule 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH LOLE. 25 ,1914 (Year)
6 DATE OF BIRTH Ale. 25, 1914 (Month) (Day (Year)		that I last saw have alive on Alec. 25 1914.
7 A	(2002)	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)		(Duration) yrs. mos. ds.
	10 NAME OF Blaine C. Robinette 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	Contributory Secondary (Signed) (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally, Suicidal, or Homicidal.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death?
15 Fil	REGISTRAR	Former or usual residence. 19 place of Burial or REMOVAL Letcher Ceretry Dec. 27, 1914 20 UNDERTAKER ADDRESS Flictister Ma
	If more blanks are needed, address State Regist	trar, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Contributory." The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS PLAINLY, WITH WRITE

13095 1 PLACE OF DEATH County alle any

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in

	FULL NAME MORE	(Ward)	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 S	T'sursh Color or RAGE 5 SINGLE, Surgh WIDOWED, WIDOWED, WIDOWED, WITH the WORD)	16 DATE OF DEATH (Month)	25-74, 1914 (Day (Year)
6 D	are of BIRTH august 811, 1913 Growth (Day (Year)	that I last saw her alive on Nec	25 1914.
7 A		and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	pove, at 6-se Rom.
(a pa	CCUPATION) Trade, profession, or ricular kind of work	Capillony Box	wehits"
bus wh	General nature of Industry, iness, or establishment in ich employed (or employer)	(Ouratioo)	yrs mos 3 ds.
	(State or country) Maryland	Gentributory Secondary (Ouration)	.yrsdsds.
TS	11 BIRTHPLACE OF FATHER (State or country) Many Cand	(Signed) Wolfer (Address) Long	seoning.
PARENTS	12 MAIDEN NAME OF MOTHER CHARLES THE	*State the DISEASE CAUSING DEATH, of, In CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	
-	13 BIRTHPLACE OF MOTHER (State or Country) Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State Where was disease contracted.	yrs, moses
	(Informant) Associate to the Best of MY KNOWLEDGE	If not at place of death? Former or usual residence	
15 FII	ed DZC 26 1914 Delever	19 PLACE OF BYRIAL, OR BEMOVAL May Stewarting 1 20 UNDERTAKER	TE OF BURNE TEZZ T., 1914
		trar, 6 E. Franklin St., Balto., Requesting V. S. N	o. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a defiuite salary), may be entered as statement. material worked on may form part of the second cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

13096 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

[If death occurred in

2FULL NAME May Ells	a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frusle White Sincer MARRIED, MARRIED, MODIFIED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH OCT 3/, 1852 (Month) (Day (Year)	that I last saw here alive on 12/12, 191 4
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 2 .m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	byon above) (Duration) yrs mos. 68.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Samuel Haddru 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Secondary Secondary Secondary Secondary Secondary Secondary M. D. (Signed) Shas Lov Bours M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally, SUICIDAL, or HOMICIDAL.
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS (Informant) (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DAST OF BURIAL 20 UNDERTABLE ADDRESS Trans 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

N. B.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) brospinai meningitis"); Diphthcria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



state Very 7 5 PHYSICIANS shoul RECORD PERMANENT UNFADING certificate. 0 WITH back plain See Instructions = DEATH 0 OF mportant. Every Ite ż

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in a hospital or institution. give Its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, Jell WIDOWED. (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I 6 DATE OF BIRTH (Mont) (Da (Year) TAGE If LESS than and that death occurred on the date stated above, 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (#) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death ____ yrs. mos. ... State . Where was disease contracted. if not at place of death?. Former or usual residence. REMOVAE DATE OF BURIAL 15 eu 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senilc," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all discases resulting from (Recommendations on statement of (secondary or intercurrent)



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Registration Dist. No. No Ta Carroll Ilf death occurred is a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED. (Month) ORDIVORCED (Write the word) DATE OF BIRTH (Day (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment to yrs mos 2 which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISMASE CAUSING DEATH, or, in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State _____ yrs. ___ mos. _ yrs. mos. ds. Where was disease contracted. If not at place of death?.. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstittal nephritis, oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County 1309	STATE OF MARYLAND CÉRTIFICATE OF DEATH
51/11/1	Registration Dist, No.
Vittage or City Celland (No Seel)	[If death occurred to a hospital or lostitution, give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OF FACE SINGLE, MARRIED, WIDOWED. ORDIVERCED (Write the word)	16 DATE OF DEATH \$ 20, /2 ,1914 (Month) (Day (Year)
Month) (Day (Year)	that I last saw has allve on Dec. 12, 191 4.
7 AGE 36 mos ds lf LESS than 1 day,hrs. ORmln.?	snd that death occurred on the date stated above, at 11,3 8m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Tot bowde, 6 water buffor patient
9 BIRTHPLACE (State or country)	Contributory Destruction yrs mos ds. Secondary Sellum a rock of (Docation) yrs mos ds.
OF FATHER	(Signed) a. A. New Levin, N. D. Xxx 12, 191 Y (Address) Cumbulant hed
OF FATHER (State or country) or green for the Country of Maiden NAME of MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State of country) and as of the	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos. ds. State yrs, mes. ds. Where was disease contracted.
(Interment) (Interment)	if not at place of death? Former or usual residence Blancu W. Va
(Address) Glace Alger 16 Flied 2/12, 1914 Max Visitor	19 PLAGE BE BURIAL OR REMOVAL DATE OF BORIAL 20 UNDERTAKEN ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ture of the American Medical Association,) The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; may be stated under the head of



V. S. No. 1.

A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Cumberland (N. 200)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred la a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Montb) (Day (Year) 17 I HERESY CERTIFY, That I attended deceased from
Dec 31 , 1914 (Month) (Day (Year)	that I last saw here alive on 191 191
7 AGE If LESS than 1 dayhrs. ORmin. ?	and that death occurred on the date stated above, at 6.35 m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Couration) yrs. mos. ds.
9 BIRTHPLACE (State or country.)	Secondary A (Buration) vrs mos ds
11 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Interment) The Newscare (Interment)	Where was disease contracted, If not at place of death? Former or usual residence
Filed // 19 Max State Personal and Personal Pers	19 PLACE OF BURIAL OR REMOVAL AT ELES Paul Jan, 1915 20 UNDERTAKER ADDRESS ALL ADDRESS

f more blanks are needed, address State Registfar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-Always qualify all diseases resulting from Meastes (discase eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



state Very PHYSICIANS should of OCCUPATION is Exact statement PERMANENT stated properly classified. UNFADING INK-THIS IS WRITE PLAINLY, WITH See Instructions on CAUSE OF Important. m ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

PER	SONAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFIC	CATE OF DE	ATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the WO	rd)	16 DATE OF DEATH (Mon	,	, 1914 Oay (Year)
6 DATE OF BIS	(Month)	2.1	, 12/4 (Year)	17 I HEREBY CERTIF		, 191
7 AGE	yrs	- Care	it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date. The CAUSE OF DEATH* was as to	birth	~ at
(a) Trade, protess particular kind of (b) General natus business, or est which employed (9 BIRTHPLACE (State or c)	re of industry, tablishment in or employer) Country) OF	any ls	his	Contributory Secondary	ation)yrs	smosds
11 BIRTHPLACE OF FATHER (State or country) Alley & had 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE		*State the DISEASE CAUSING DI CAUSES, state (1) MEANS OF INJ TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HO OR RECENT RESIDENTS) At place	JURY; and (2) whether Acciden-		
14 THE ABOVE	THER OF COUNTRY) WE SEE TO THE BES	FOF MY KNOW	LEDGS	of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence		
(Address	22,1914 Se	a, Bon	Shen	19 PLACE OF BURIAL OR REMOVA 20 UNDERTAKER		TE OF BURIAL, 191

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OF BURIAL OR REMOVAL

DATE OF BURIAL

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[Approved by U. S. Census and American Public Health Association.]

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



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state Very PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word 06 (Dav (Year) 7 AGE If 4ESS than OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which amployed (or employer) --certificate. 9 BIRTHPLACE Contributory. Secondary (State or country) recting, West Va 10 NAME OF FATHER (Signed) of ARENTS 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER Instructions OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ _ ds. Where was disease contracted. If not at place of death?-Former or usual residence Important. PLACE OF BURNAY OR REMOVAL 15 UNDEBTAKER REGISTRAR

If more blanks are needed, address State Registrar, of F. Frankin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred la a hospital or Institution. give its NAME Instead of street and nomber.]

DATE OF BURIAL

ADDRESS

(Day (Year) I HEREBY CERTIFY. That I attended decessed from and that death occurred on the date stated shove, at State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State _____ yrs, ____

[Approved by U. S. Census and American Public Health Association.]

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(Intermant):

STATE OF MARYLAND 1 PLACE OF DEATH \$ 5 CERTIFICATE OF DEATH Registration Dist. No It death occurred inWard) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIEO, WIDDWED, (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) 7 AGE It LESS than and that death occurred on the date stated above, at .. 1 day,hrs. The CAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Ouration) which ampioyed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 13 BIRTHPLACE

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PERMANENT RECORD

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

N. B.-

Vittage or City Penseeming (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.; Ward) [If death occurred in a hospital or institution, give its NAME tostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, MODERN ORDIVORCE (Write the word) 8 DATE OF BIRTH Left 28 1544	16 DATE OF DEATH OCCEMBER 31, 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to 54031, 1914
(Month) (Day (Year) 7 AGE It LESS than 1 day,hrs. 1 day,hrs. 0 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry.	and that death occurred on the date stated above, at 5-30 Am. The CAUSE OF DEATH* was as follows: Chronic Sectentifical rephritis
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Cerebral Asmorthops Secondary (Duration) yrs mos 7 ds. (Signed) Asmes O. Bestlock M. D. Dre 31, 1914 (Address) magning M.
OF FATHER (State or country) & Colland 12 MAIDEN NAME OF MOTHER Wallerson 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in dorms from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place 10 the ot death
(Informant) Cande Steel (Informant) Cande Steel (Address) Congrouncing Mac. 15 Filed 22c 31, 1314 Double Registran	If not at place of death? Former or USUAL TESTINET OF BURIAL OR REMOVAL LOTAL FARM DONACOMING 20 UNDERTAKER ADDRESS Crar, 6 E. Tranklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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state Very certificate. 5 back 0 See Instructions mportant. -

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred la a hospital or lostitution. give Its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ____ yrs. ___ ... mos. ... _ ds. State ____ yrs, ___ mos. Where was disease contracted. KNOWLEDGE If not at place of death?... Former or usoal residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cte. The contributory (secondary or intercurrent) affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic "Contributory." injury, as fracture of skuil, and consequences (e. g., which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminai conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopnoumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned Aiways qualify aii diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of For vio-



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(Address)

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in -Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. 191: WIDDWED, (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE 1914 (Address)... OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST KNOWLEDGE

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of death yrs mos ds.	State	yrs,	mos.	1
Where was disease contracted.				
If not at place of death?				
Former or				

19 PLACE OF BU	RAL OR REMOVAL	DATE OF BUR
11/17	1 /	DATE OF BURI
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20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using arways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitie," etc. State cause for ehildbirth or miscarriage as "Puerreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"



V. S. No. 1.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in Village or City St .:Ward) a hospital or institution, give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (IVrite the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at t day,hrs. 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAMI OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place OF MOTHER of death yrs. (State or country) State Where was disease contracted. KNOWLEDGE It not at place of death? Former or usuai residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stalionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, "SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenltal," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallgtelanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For VIO-



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PHYSICIANS

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street end number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OF RACE MARRIED, WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at. 1 day, brs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State of country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State Where was disease contracted. KNOWLEDGE if not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDER REGISTRER blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL perstonitis," etc. State cause for childbirth or miscarriage, as "Purreral schiichaeetc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanitlon," "Maras genital," "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart discase; Ohronic interstitial nephritis oma. Sarcoma. etc., of ____ injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head ... (name origin; "Can Examples: For vio-



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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. properly classified. PLAINLY, WITH UNFADING INK-THIS IS pinous AGE may be p See instructions on back of should be In plain terms, of information DEATH WRITE CAUSE OF N. B.-Every Item Important.

1 PLACE OF DEATH

13110

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Trulburg (No. 1)	filed hulfst; Ward)
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Lit death occurred in

2FULL NAME (No.	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE Single, MARRIED, WIOOWED, ORDIVORED (Write the word)	16 DATE OF DEATH / 2 _ 2 9 ,191. (Month) (Day (Year)
6 DATE OF BIRTH /2 29, 1914 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
Still bon if LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Still (Duration) Yrs. mos. ds.
PBIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) TO TO ACOUNTY MODEL 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	Contributory Secondary (Duration) yrs mos ds. (Signed) , 191 (Address) *State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Fully Man.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted,
(Informant) A Wally Man A	If not at piace ot death? Former or usual residence
Fleature 7, 1915 Pel - Diray REGISTRAN	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemuid, etc. of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oeeupa If retired from business, that faet may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," If the oecupation has As examples: "Foleman," (6)

lesis of lungs, meninges, peritonacum, etc., Carcinpneumonla"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemie eereterm for the same disease. time and causation), using aiways the same aecepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Examples: Cerebrospinal

> nant neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; vulvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal poritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomenelasepsis, tetanus) may the stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-

ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondthe certificate is permanently filed.



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 1911	STATE OF MARYLAND
COD 10111 UV	CERTIFICATE OF DEATH
County	Registration Dist, No.
Village or City left of (No. 40)	St.; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Cligas - 30, 1874 (Month) (Day (Year)	that I last saw h & alive on Dec 13 1914.
7 AGE If LESS than	and that death occurred on the date stated above, at 3 4 m.
40 yrs 4 mos 5 ds OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work Houseway	Caremona of Ularus and Oppendages
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF STATHER STATE OF THE	(Signed) SHWack M.D.
V 11 BIRTHPLACE OF FATHER (State or country) er m gang	*State the DISPASE CAUSING DEATH on in deaths from Most
MY OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	or Recent Residents) At place In the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant)	usuai residence
(Address leum Welland In	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed DEC 15 19,191 Max Color REGISTRAR	20 UNDERTAKER ASORESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. J.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canschsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory (seeondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of



PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT UNFADING INK WRITE PLAINLY, WITH Every item

See instructions on back of

important.

15

in plain

DEATH

PLACE OF DEATH 13112 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

.....Ward) Viilage or City (No.....

[It death occurred in a hospital or Institution give its NAME instead

	FULL NAME Masy aus	in Atutakes of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
301	Mul while Single, Mindrage Willowed, ORDINORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 (HEREBY CERTIFY. That I attended deceased from
6 D	Oe	April 1 , 1917, to Nov 20 , 1914 that I last saw her alive on Nov 20 , 1914
7 A	GE 11 LESS than 1 day,	and that death occurred on the date stated above, at
(a) pa (b) bus whi	CCUPATION) Trade, profession, or ricular kind of work General nature of industry, liness, or establishment in ich employed (or employer)	She had been been Siffering from chronie mitral of mos des Contributory Alexantition
PARENTS	10 NAME OF FATHER PULSICK Bracks 11 BIRTHPLACE OF FATHER (State or country) Selance 12 MAIDEN NAME OF MOTHER MASSIANI (Unknown)	Secondary (Signed) (Signed) (Address) *State the Disease Causing Death, or, in deaths from Violenz Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE)
	13 BIRTHPLACE	At place to the

Ш	At place	tn the	, ,		
Н	of death yrs mos ds.	State	yrs,	mos	E
	Where was disease contracted, it not at place of death?	*		*************************	
	Former or usual residence	0000000=0000000000000000000000000000000	0070000000000000000000	******************************	
Ш	19 BLASE OF BURIAL OR REMOVA	1 0	ATE OF E	LIBIAL	

19 PLACE OF BURIAL OR REM	IOVAL	DATE OF
Frostburg 1	pred.	LOS.
20 UNDERTAKER 170	1	APPRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Regnesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons eugaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foremau,"

pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and eausation), using always the same accepted causing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., "Croup";) ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never unqualified, is iudefinite): Tubercu-Diphtheria report "Typhoid (avoid use Carcin-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic scpsis, telanus) may be stated under the head mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: affection ueed not be stated unless important. oma, Sarcoma, etc., of...... (uame origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertakeu. etc., when a definite disease can be ascertaited as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Scnile," etc.), "Dropsy," (Recommendations ou statement of "Exhaustion," Never report



A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE Import N.B.

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item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery	1
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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

VIII	2FULL NAME Lillie BE	St.; Ward) a hospital of institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	Security Market State Wilder Wilder Congression (Write the word)	16 DATE OF DEATH 2 2 , 191± (Month) (Dáy (Year)
	ATE OF BIRTH AND 27 (Month) (Day (Year)	that I last saw h lalive on See 27, 191 4
	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6 9, m, The CAUSE OF DEATH* was as follows: Labete's Mellitus
(b) bus whi	General nature of Industry, iness, or establishment in ch employed (or employer)	Obout " (Duration) 10 yrs mos ds.
	10 NAME OF FATHER Morgan Stottler	Contributory Secondary (Duration)
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
α.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace in the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
	(informant) Robert C. Wilson	If not at piace of death?————————————————————————————————————
15 File	(Address) Tawling md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOTE HILL CHIMPHY DEC 31, 1914 20 UNDERTAKER DADRESS
1.11	REGISTRAR	Torris Their Cumbed Ud

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

'thenia," "Auaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "I'UERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as "Contributory." (Recommendations on statement of The contributory (secondary or intercurrent) Always qualify all diseases resulting from



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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

RECORD

1 PLACE OF DEATH

STATE OF MARYLAND

Co	unty aleganney	CERTIFICATE OF	DEATH
		Registration Dist	. No
VIII	lage or City Histuring (No. ,)	St.; Ward)	[It death occurred in a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 81	Lemal 4 COLOR OR RACE 6 SINGLE, Married, Widowed, OR DIVORCED (Write the word)	(Mouth) 17 I HEREBY CERTIFY, That I	(Day (Year)
6 D	Lent know,	that I last saw has alive on 272	2 3 , 191 <u>4</u>
7 A	(Month) (Day (Year) GE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	
(a) pa (b)	CCUPATION) Trade, profession, or ricular kind of work. General nature of industry,	18 Junch San	Tritis
wh	iness, or establishment in ich employed (or employer)	Contributory July (Quration)	yrs. bos ds
	10 NAME OF Lorancy Stewarh	(Signed) (Duration)	yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 2 Aru Christman		*State the Disease Causing Death, or. Causes, state (1) Means of Injury; an TAL, Suicidal, or Homicidal.	
		TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)	
-	13 BIRTHPLACE OF MOTHER (State or country) Hamphing to Wha	At place In the	yrs, ds
	(Informant)	if not at place of death? Former or usual residence	
16	(Address) Helstenburk Md	PHACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed Deg = 2, 191 - STOMMAN REGISTRAR		Mrs & Helestane	ADDRESS widowsh

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

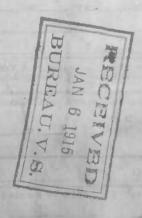


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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7. S. No. 1.

PERMANENT should WRITE

STATE OF MARYLAND PLACE OF DEATH YSICIANS should state occupaTION is very CERTIFICATE OF DEATH Registration Dist. No ... PHYSICIANS a hospital or Institution give its NAME lostead of street and oumber. 1 0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Exact statement EXACTLY. 16 DATE OF DEATH 5 aINGLE, 3 SE 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) ORDIVERCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) pe If LESS than 7 AGE and that death occurred on the date stated above, a pluods 1 day hrs. The CAUSE OF DEATH * OR mio. ? properly BOCCUPATION (a) Frade, profession, or particular kind of work... supplied. pe (b) General natura of Industry. business, or establishment in (Duration)yrs....mes.... may which employed (or employer) -----Contributory. certificate. 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER 80 of back 11 BIRTHPLACE terms, ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA OR RECENT RESIDENTS) 13 BIRTHPLACE 프 At place lo the OF MOTHER (State or country) EATH ot death yrs. mos. ds. State. Where was disease contracted. 14THE ABOVE IS TRUE TO If not at place of death?. OE Former or usual residence Every item CAUSE OF important. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion,"

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1915 BURMAU, V.S.

V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT should be stated EXACTLY. UNFADING INK-THIS of information should be carefully supplied.
DEATH in plain terms, so that it may be i of certificate. PLAINLY, WITH of information should be See Instructions on back WRITE Every Item CAUSE OF Important. S

15

1 PLACE OF DEATH Midland



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .;-Ward)

Ilt death occurred is a hospital or institutioe,

	FULL NAME Mary Louisa	Willers of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
te te	male Thite Single, MARRIED, WIOOWED, WOOWED, Write the word) Milowe	(Month) (Day (Year)
6 D	July 17, 1935	that I last saw her slive on Love 26 , 1914.
(a	The state of work of the state	and that death occurred on the date stated above, at
bu: Wh	General nature of industry, siness, or establishment in sich employed (or employer) IRTHPLACE (State or country) Mary Land.	Gontributory Stand tacuble Secondary
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE OF MOTHER (State or country)	(Signed) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE) At place In the of death wrs. mos. ### Causes In the of death Wrs. Mos. Mos.

Where was disease contracted,

State

If not at place of death?-Former or

OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: who have no occupation whatever, write Nonc. Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite): Tubercu-"Croup";) 'Typhoid fever (never report "Typhoid term for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to favor (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the misease meningitis"); Diphtheria (avoid use of

> scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerreral peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, eant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakuess," Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; (seeondary or intercurrent) "Dropsy," "Exhaustion,"

tions answered in data, it will prevent further correspondence of the data is exential and must be obtained before the orbitate is permanally filed. If this certificate is looked over thoroughly and all ques-

